

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 1	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME Flores	FIRST Roger LAST Flores	MI O. SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2233 SAN ANTONIO, TX 78298-2233		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 226-0892			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Janine NICKNAME Flores	FIRST P LAST Flores		MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 306 Vita Mae, SAN ANTONIO, TX 78216			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 240-3777			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 12/31/03 THROUGH 7/01/04 06/30/04 01/01/04			
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) City Council District 1		13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2



RECEIVED
 CITY OF SAN ANTONIO
 CITY CLERK
 2004 JUN 15 PM 3:55

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

ROGER O. FLORES

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,600.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,781.86

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

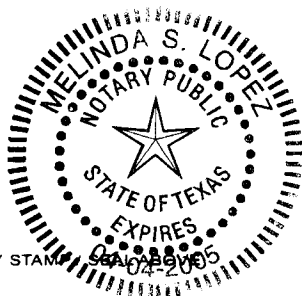
\$ 1,0269.88

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

X

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Roger O. Flores, this the 15th day of July, 20 04, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

ROGERO. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/4/04

5 Full name of contributor

3011 PAC

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1900 W. Loop S4c 600
HOUSTON, TX 77027

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/7/04

Full name of contributor

MIKE BARNARD

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11807 SUNBURST Lane #201
SATX 78230-55-02

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/04

Full name of contributor

Joan R. Kennedy

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

112 E PECAN Suite 2810
SATX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/04

Full name of contributor

PATRICK J. Kennedy

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

112 E PECAN Suite 2580
SATX 78205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/04

Full name of contributor

Rudolph H. Bruhns

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3726 N. BRAESWOOD Blvd.
HOUSTON TX 77025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME ROGER O. FLORES		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN GABRIEL	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 104 Lou Jon 78231			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PM 3:55

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 15

1 Total pages Schedule F:

2 FILER NAME

Roger O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/4/04

5 Payee name

Visual Net Designs

6 Payee address; City; State; Zip Code

San Antonio, TX

7 Amount (\$)

53.⁴²

8 Purpose of payment (See instructions regarding type of information required.)

Web Internet Service

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/4/04

Payee name

BUNE, BARREL Restr.

Payee address; City; State; Zip Code

Austin Hwy - SAN ANTONIO, TX

Amount (\$)

87.50

Purpose of payment (See instructions regarding type of information required.)

Graffetti, Cleanup lunch
snacks for volunteers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/11/04

Payee name

SPRINT PLS

Payee address; City; State; Zip Code

PO Box 219554
Kansas City Mo 64121

Amount (\$)

161.60

Purpose of payment (See instructions regarding type of information required.)

392-5889 Phones for
5879 otc. ASSTs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/23/04

Payee name

She Sei DA Scott

Payee address; City; State; Zip Code

782
Woodlawn Ave, SAN ANTONIO TX

Amount (\$)

200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Political campaign school
contribution Board

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

ROGER O. Flores

3 ACCOUNT # (Ethics Commission filers)**4** Date

6/3/04

5 Payee name

JBC Telephone

6 Payee address; City; State; Zip Code

San Antonio, TX

7 Amount (\$)322.⁰²**8** Purpose of payment (See instructions regarding type of information required.)ok.
Campaign telephone lines**9** -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

2/27/04

Payee name

WAL MART

Payee address; City; State; Zip Code

VANCE JACKSON SAN ANTONIO TX 78218

Amount (\$)49.⁰¹**Purpose of payment (See instructions regarding type of information required.)**Supplies GRATTETI
clean up**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date

4/29/04

Payee name

HEB

Payee address; City; State; Zip Code

FREDRICKSburg Rd. SAN ANTONIO TX

Amount (\$)96.⁷⁵**Purpose of payment (See instructions regarding type of information required.)**

Gratteti Cleanup Supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Payee address; City; State; Zip Code****Amount (\$)**

2004 JUL 15 PM 3:55

RECEIVED
OFFICE OF THE
COMMISSIONER
OF THE
STATE OF TEXAS**Purpose of payment (See instructions regarding type of information required.)****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Roger O. Flores

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

4/20/04

Grady's Rest.

6 Payee address; City; State; Zip Code

SAN PEDRO AVE SAN ANTONIO TX

160.⁰⁹

8 Purpose of payment (See instructions regarding type of information required.)

Task force Mtgs.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

5/7/04

Dixie Flag

Payee address; City; State; Zip Code

IH 35 SAN ANTONIO, TX

513.¹²

Purpose of payment (See instructions regarding type of information required.)

District 1
Flagstar Offices & media set

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

5/4/04

Bonham Elementary

Payee address; City; State; Zip Code

Field Trip to Go.

38.²⁵

Purpose of payment (See instructions regarding type of information required.)

Field Trip to Governor's
PALACE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

5/4/04

SAN ANTONIO ALLIANCE OF TEACHERS

Payee address; City; State; Zip Code

100.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Ad in PROGRAM

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED